FORM-GB IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A Gift or Bequest information received DES MOINES, IA 50319 by a department or accepted by the Governor on behalf of the state Fax: (515)281-4073 Reset Form www.iowa.gov/ethics For office use only Indexed lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa Audited oFreceived by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Checked Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of Computer receipt of the gift or bequest. DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST: Name of Department or Office

Area Code & releptione No.			
CONTACT PERSON FOR RECIPIENT D	EPARTMENT OR OFFICE:		
Kouin Heinzeroth,	Finance Dire	ctor	
Mailing Address (if different from above) Kevin, heinzeroth @	ioux GoV	City, State, Zip (if different from above) 515 - 725- 4732	
Email Address		Area Code & Telephone Number (if different from above)	

City, State, Zip Code

DONOR OF GIFT OR BEQUEST:	_
JOSEPH CASSIS	
6505 NW 97 th STREET Mailing Address JOHNSTON, IA 50131	1309 1309 Sate of Gift or Bequest Amount/Value*
Area Code & Telephone Number 515-986-4144 Email Address (optional)	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof: Reeg for welcome area at the Grenes Beelding.	
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.	

Statement of Affirmation: Henry within that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.